

***NEW HAMPSHIRE SPECIAL EDUCATION
MONITORING AND IMPROVEMENT PROCESS***

FINAL REPORT

**CHILD DEVELOPMENT CENTER OF STRAFFORD
COUNTY**

June 2000

Submitted by:

Name: Alan Reed-Erickson

Address: CDC, PO Box 1921, Rochester, NH 03867-1921

Phone: 603-332-2848

Fax: 603-330-0838

E-mail: cdc-are@nh.ultranet.com

Executive Director Signature:

Date:

IDEA TEAM

LEA/PRIVATE FACILITY MEMBERS

<u>Name</u>	<u>Area(s) of Responsibility</u>
Alan Reed-Erickson	Facilitator
Hope Baldwin	Case Study, Compliance
Priscilla Abbott	Case Study, Compliance
Vicki Grant	Case Study
Raylene King	Compliance
Greg Sargent	Parent, Survey
Laura Berry	Teacher, District Representative
Anne May	Interviews, Community Member

In addition to IDEA Team Members, list all external team members and the activity they assisted with during the Special Education Monitoring and Improvement Process.

EXTERNAL MEMBER(S)

<u>Name/Title</u>	<u>Employer Responsibility</u>	<u>Area(s) of</u>
Tobi Gray-Chassie, Director Pupil Personnel Services	Pittsfield Elem. School SAU 51	Compliance
Maryclare Heffernan, Educational Consultant	SERESC	Compliance
Rhonda Zabielski, Inclusion Facilitator	Exeter High School, SAU 16	Compliance
Elizabeth Kuhlmann, IDEA Team Advisor	SERESC	Compliance

SCHEDULE OF IDEA MEETINGS/ACTIVITIES

IDEA TEAM MEETINGS AND SUBCOMMITTEE MEETINGS

PRIMARY PURPOSE(S) OF MEETING

October 4, 1999	IDEA Team Organizational Meeting
November 1, 1999	Idea Team developed focus Question and assigned members to sub-committees
December 6, 1999	IDEA Team reviewed surveys and discussed who would receive surveys.
January 6, 2000	IDEA Team reviewed Case Study packets and decided how many external team members were needed for the March Compliance Review.
February 7, 2000	Sub-committee – Case Study
February 16, 2000	Sub-committee – Case Study
February 27, 2000	Meeting canceled due to weather
March 1, 2000	Sub-committee – Case Study
March 6, 2000	IDEA Team presented Case Studies by sub-committee.
April	No meeting.
May 4, 2000	Compliance sub-committee develop final report
May 17, 2000	Compliance sub-committee develop final report
May 18, 2000	Compliance sub-committee develop final report
June 19, 2000	Compliance sub-committee develop final report

DATA REPORTING BY DISTRICT/PRIVATE FACILITY

Focus Question: How can we ensure that the Child Development Center continues to be a flexible educational environment that meets the needs of the special education community?

Facility: CDC

Town: Rochester, NH

Director: Alan Reed-Erickson

PRIVATE FACILITY-WIDE: **SOURCE OF INFORMATION AND FINDINGS:**

CASE STUDIES:

Information regarding the three case studies we completed is listed below.

Case Study #1: 3 year-old male preschooler with behavioral issues, developmental delays, and communication delays including auditory processing issues. This student's parent had difficulty separating from him. His attendance was inconsistent. As the parent became more comfortable with the program, trusting of the staff, and saw that the student was happy to be at school, his attendance was more consistent.

Case Study #2: 4 year old preschooler who is multi-handicapped due to cerebral palsy, visual and expressive language disabilities. She made tremendous progress this year and parents were extremely pleased with program.

Case Study #3: 17 year old non-verbal male student with traumatic brain injury who is a quadriplegic with seizure disorder, visual abilities are questionable. This student was absent frequently due to his fragile medical condition and the availability of nursing services from an area agency. Attendance would have been more consistent if an LPN had been available to meet his needs throughout the day. Inconsistent attendance affects a student's progress. When nursing services were provided through an area agency, responsibilities for educational programming were not clear. Staff repeatedly adjusted programming and schedules to address this student's needs and provide services when he was present at school.

Summary:

We found that all three students' needs were being met through highly individualized programs. Staff frequently communicated regarding each student's progress. Programs are frequently reviewed and refined to address and meet each student's needs. Programming includes integrated goals from all domains. Communication between home and school is frequent and open. CDC should explore the option of providing nursing services through our center to clarify staff roles.

INTERVIEWS: Groups interviewed include parents of CDC students and administrators from the school districts served by CDC.

Areas where strengths were noted include:

Students' needs being met through highly individualized educational programs and in related services including speech, physical therapy, and occupational therapy.

Students' progress in social, community, and ADL skills

Potential of student is being tapped

Staff works well together and are positive

Home integration of services is promoted

School is welcoming and has an open door policy

Parents feel supported and involved as their input is sought

Parents' needs are accommodated when scheduling meetings

Communication is thorough, open, and forthright including daily tracking sheets or communication logs, progress reports and verbal feedback from staff

Staff knows students well

Students feel a part of the center and are happy – not reluctant to ask anyone for help

Staff supports school districts in meeting students' needs even if student's needs cannot be met at CDC

SURVEYS: The Team agreed to send surveys to parents and to District personnel. The parent surveys were sent to all current parents of Center students and the District personnel surveys were sent to current districts served by the Center as well as several we had served in the past (except for those parents or district personnel interviewed).

In summary, the responses to our questions were overwhelmingly in the Frequently or Almost Always categories. We took the individual responses into account by adding issues to the Patterns and Trends section of this report.

PATTERNS AND TRENDS

PATTERNS: After compiling information from data sources including surveys, interviews, case studies, and compliance review, the following list of patterns were developed.

CDC PROVIDES:

Highly individualized programs
Low student to staff ratio
Welcoming child-centered environment
Integrated services (OT, PT, SPL, SP, Teachers, Medical)
Flexibility in modifications to meet needs of student
High quality community based/focused program
Home/school integration (home based program, communication)

CDC PROMOTES:

Promote positive student attitude toward self and others
Staff maintains positive expectations for students
Staff assists parents in maintaining positive attitude for child
Promote positive/appropriate social interaction with peers, staff and community
Parental involvement in development of child's education program
Strong therapeutic team (OT, PT, SPL, SP, Teachers, Medical)
Open, frequent and forthright communication at all levels

TRENDS: Trends identified include:

Increase in children admitted to the Center who are more severely involved including developmental, physical, and medical issues.
Increase in Pervasive Developmental Disorder enrollments.
Referrals of higher functioning MR and LD children whose needs are not being met in the home district.
Increase in need for day programming targeting multi-handicapped young adults with community/vocational needs.
Limited participation in regular education environments.
Recruiting and retaining qualified personnel is more difficult.

STRENGTHS AND IMPROVEMENTS

STRENGTHS

Information gathered from the IDEA monitoring process at The Child Development Center of Strafford County has identified and/or confirmed areas of strength. Many of these are outlined in the Patterns section of this report. Areas highlighted include:

Individualized Programs: The Center is charged with providing programs for children based on their Individual Education Plan. By definition this is “individualized”. However, the Center takes great pains to insure that there is a sense of the spirit of the plan as well as the letter of the plan. With a staff/student ratio that is particularly low, we are able to provide individualized programming in all aspects of our program – academic, therapeutic, vocational, community integration, and daily living skills are a few examples. When staff develops the child’s daily and weekly schedule or classroom lesson plan, it is always with the individual in mind.

Integrated Services: The professional staff at the Center works as a team. This team includes a Physical Therapist, a Physical Therapy Aide, two Occupational Therapists, an Occupational Therapy Aide, a Language and Speech Pathologist, a Speech Assistant, a School Psychologist, two Ed Services Teachers, a Preschool Teacher, a Program Coordinator and a School Nurse. These individuals work together to insure that the best possible approach for each child is applied in the most effective way. They explore co-treatment: group treatment: treatment in an aquatic, horticulture, or horseback riding settings: pull out or in class therapy and the list goes on. In addition, the team ensures that each Educational Technician and Teacher Assistant is aware of and capable of providing daily follow-up to the various therapies that each child receives. Finally, each student’s progress is reviewed at a monthly consult to ensure that all aspects of the student’s program is being carried out and that their needs are being met.

Community Based: The Center takes great pride in its efforts expose and integrate each child within their community. The students at the Center are scheduled for such activities as the library, shopping, eating at restaurants, visiting playgrounds, job coaching to mention a few. To fulfill this effort we have acquired five agency vehicles that are constantly on the road for one activity or another.

Communication: CDC promotes frequent communication regarding students’ needs and issues that may affect their ability to function in school. We provide daily tracking sheets, daily communication books, monthly consults meetings (open to parents and district personnel), monthly reports (from some therapists), quarterly reports and an agency newsletter. Parents and families receive frequent verbal feedback and updates either by telephone, conversations at school or in the home.

IMPROVEMENTS

The following discussion of Improvements was developed as a result of the various activities that were conducted during the monitoring process. In addition the Center has had parallel process with the Board of Directors (strategic planning) and Staff (Center Improvement Program). Both of these endeavors have been productive and enlightening in that they have produce similar results as this project and, at the same time, taken us to a new level of understanding about the future of the Center. We will identify the source of Improvement items as each is described below.

Student File Tracking: This process indicates the Center has had difficulty keeping student files complete because of missing district paperwork. The Center is proposing to improve that system

by implementing a document request policy that would facilitate the conformance of this requirement or at a minimum documentation in the student file that reasonable attempts had been made to obtain the necessary files.

Documentation of Lesson Plans: This process indicates teacher developed lesson plans were lacking sufficient documentation that reflected the author of the plans. A policy that requires the teacher to sign the plans he or she authors will be implemented.

Purchase of Testing Materials: The Center has acquired testing materials over the last several years, however, from this process and the Center Improvement process it is clear that we must continue this process to enhance our ability to do our own assessments at all levels. The Center will implement a purchasing strategy that will result in the acquisition of testing materials in a timely fashion.

Computers and Communication: The Center has done much over the last four years to improve their technology capacity. However, this process, our Strategic Planning process and Center Improvement process have pointed out that we need to do more and we agree. We need to acquire more adaptive equipment, more software that is developmentally appropriate to our students, and additional hardware to insure access to up to date computers and the Internet. With this increased capacity we will also have an opportunity for better communication between the Center's three sites.

Volunteer Program: Our Strategic Planning process and Center Improvement process indicates the Center has made use of volunteers over the years but on a sporadic basis. The Center will develop a volunteer program that will be consistent and intentional.

Nursing Services: Through this process and Center Improvement process it is recommended that we increase the hiring of nursing staff. Specifically we intend to develop positions for Certified Nurse Assistants (CNAs) and Licensed Practical Nurses (LPNs) who will provide medical care to medically needy children and who are also capable of providing a dynamic educational experience to those same students as well.

After School Program: The Center developed the My Best Friends program two years ago to provide after school care to special needs students. This process and the Center Improvement process indicate that this program needs to be expanded and enhanced.

New Program Development: This process, our Strategic Planning process and Center Improvement process have all indicated that there are areas of our current work that warrant further develop. Specifically, we should be looking at developing a separate program designed for children diagnosed with Pervasive Developmental Disability (PDD) and a second separate program for children with traumatic brain injury.

Site Improvement: The current site for the Center was developed more than thirteen years ago. We are currently operating programs (aquatics and hippotherapy) that the site does not accommodate. The Strategic Planning process and Center Improvement process have all indicated that we need to assess and evaluate our current building to determine whether we can expand, renovate, or re-locate in order to provide for these and other innovative programs and therapies.

Development of an Adult Program: This process, our Strategic Planning process and Center Improvement process have all indicated that we need to develop a program that addresses the needs of individuals who have been a part of the Center program and as adults find themselves with no services or minimal services.

IMPROVEMENT & IMPLEMENTATION PLAN

Improve Student File Tracking (Completed) The Education Team has already developed a strategy to insure that the Center receives district documents for student files in an efficient and effective way.

Improve Documentation of Lesson Plans (Completed) The Education Team has already developed a strategy to insure that each lesson plan is developed by the teacher assigned by requiring that teacher to sign the lesson plan document when completed.

Purchase of Testing Materials (Short Term) The Education Team will develop a strategy that will outline the acquisition of testing materials. The process has begun and will be completed in the next six months by the team. The team will:

- Identify the testing materials most appropriate for the student population of the Center.
- Prioritize testing materials.
- Determine current resources for purchase of materials
- Develop purchasing strategy

Improve Computers and Communication (On Going) The Center has multiple needs in the area of computers as they apply to education, communication and administration. A sub committee of the Education Team will:

- Develop a prioritized list of computer needs. This list will be divided up into various categories such as adaptive equipment, software, additional hardware, Internet access and etc.
- Determine current resources for acquisition of computer and communication materials.
- Determine availability of and pursue grants and donations.
- Purchase and install materials as they become available

Implement Volunteer Program (Short Term) The Center has already begun to explore the establishment of a formal volunteer program. The Director will:

- The Center will become a member of the United Way of the Greater Seacoast's (UWGS) Volunteer Action Center (VAC). (Completed)
- Designate a member of the administrative staff as the Volunteer Coordinator.
- Develop policies and procedures for volunteer recruitment, training and involvement.
- Participate in best practices material and training from the UWGS VAC.
- Implement program.

Improve and Expand Nursing Services (Short Term) The Center has begun the process of

insuring that there are adequate nursing services for our growing population of medical fragile and needy students. The Director will:

Advertise and begin hiring of nursing staff. (Completed)

Simultaneously develop job descriptions that blend the medical responsibilities with the work of an Educational Technician. (Begun)

New Program Development (Long Term) The process of program development is, by its nature a long term process and must be undertaken strategically and thoughtfully. We have identified two areas where separate programs could be developed under the umbrella of the Center's Educational Services. These programs would address the needs of children who are diagnosed PDD and children who have experienced traumatic brain injury. The Director, the Program Coordinator and a sub-committee of the Education Team and a Board member will:

Determine the need for such programs in our geographic service area.

If need is established the committee will explore various methodologies appropriate to each program area.

The Committee will determine the resources needed to implement the preferred methodologies. (Including material, financial and human resources.)

The Committee will prepare a report for the Board of Directors outlining a recommendation and implementation plan for one or both of these programs as appropriate.

Site Improvement (Long Term) The nature of this goal is, once again, long term, however, it is critical to the continued growth and development of the Center that this issue be addressed seriously and thoroughly. The Director and the Board will:

Complete the current Strategic Planning process in the next three months. (On track)

The Board will have the current building and property assessed for possible expansion and/or addition and/or renovation.

If the current site will accommodate the needed site improvements then:

1. Explore financing and fundraising.
2. Develop plans for the expansion/addition/renovation
3. Execute plans.

If the current site will not accommodate the needed improvements then:

1. Explore possible relocation and construction of a new site.
2. Explore financing and fundraising.
3. Develop plans for construction and move.
4. Execute plan.

Development of an Adult Program (Long Term) This goal has been established by

proclamation from multiple sources including this process, Strategic Planning, Center Improvement, parent requests and dialogue with the area agency for Strafford County. The Director, the Program Coordinator, a sub-committee of the Education Team and a Board member will:

Determine the need for such a program in our geographic service area.

If need is established the committee will explore various methodologies appropriate to the program area.

The Committee will determine the resources needed to implement the preferred methodologies. (Including material, financial and human resources.)

The Committee will prepare a report for the Board of Directors outlining a recommendation and implementation plan for this program as appropriate.

Summary

NH Special Education Compliance Monitoring and Improvement Process

Compliance Component

(This form is to be completed for each program with the assistance of external team members)

Facility: Child Development Center Program: Preschool Program Date: March 9, 2000

Team Member(s) Conducting Review	Title	From Outside the SAU	
Maryclare Heffernan	Educational Consultant SERESC	Y	N
Rhonda Zabielski	Special Education Teacher	Y	N
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FINDINGS – CITATIONS OF NON-COMPLIANCE

COMMENDATIONS: The Child Development Center Preschool Program is a warm, child centered facility. The setting is inclusive allowing children to interact together.

Therapies are well designed and integrated into classroom programming. The Child Development Center (CDC) Physical and Occupational Therapist are in-house, which promotes communication and follow through of services.

Parents are pleased with CDC's program. Staff was noted to be cheerful, upbeat, and dedicated.

CITATIONS: (in numerical order)

Ed # 1109.01: c, d, f, j, k, n, missing components of IEP.
FED. #300.347:

Ed # 1109.03: IEP does not record proper placement procedure (missing page).

Ed # 1109.04: Notice of IEP meeting not in record.

Ed # 1109.06: Representative from private school was not listed. Signature page missing.

Ed # 1111.01: Description of physical education not in the IEP form.

Ed # 1119.07: (a) No contracted consultants in areas of music, art and library media services.

Ed # 1133.04: File cabinet is not fire proof.

Ed # 1133.08: Educational technicians does not write lesson plans and assume responsibility of teacher.

Suggestions:

- 1) Continue to provide services to age appropriate, typical peers to provide modeling and TO support transition to public school.
- 2) Develop a technology plan to provide computers and internet access to students and staff.
- 3) Increase facilities to include gym, therapeutic, and cafeterias.
- 4) Provide outdoor safety signs.
- 5) Materials and equipment should be expanded including outdoor play environment, gym and art areas.
- 6) Make sure communication between sites is clear regarding written communication and general information.
- 7) Request and document request for all required forms including those with signatures.

Summary

NH Special Education Compliance Monitoring and Improvement Process

Compliance Component

(This form is to be completed for each program with the assistance of external team members)

Facility: CDC Program: Educational Services Date: March 8, 2000

<u>Team Member(s)</u>	<u>Title</u>	<u>From Outside the SAU</u>	
<u>Conducting Review</u>			
Tobie Gray-Chassie	Director of Pupil Services-Pittsfield	Y	N
Maryclare Hefferman	Educational Consultant	Y	N
		Y	N

FINDINGS – CITATIONS OF NON-COMPLIANCE

COMMENDATIONS: The Child Development Center creates a positive atmosphere that is child centered. A commendable effort to train and orient staff is well documented by an orientation and training checklist, as well as documented in employee files. Interactions between staff and student indicate that positive, caring relationships exists. The staffs' dedication to the students' needs is apparent.

Great effort is made to include parents in the following manner: open house, quarterly reviews, monthly consult meetings, daily contact sheets and an open door policy.

There is an appropriate utilization of community resources, including agencies and community members to support the program. The CDC Therapeutic Team is very knowledgeable and effective in incorporating their services into students' educational program. CDC provides a variety of services to students both at the center and in the community.

Parent interviews indicate their satisfaction with services provided to their students and communication between themselves and CDC staff.

Use reverse side if necessary for additional commendations

CITATIONS: (in numerical order)

Ed #1109.01: (f) No statement of child's participation in general curriculum. (g) No location of services listed in IEP. (j) No list of providers responsible for services.

Ed # CFR 300.347: (a), (5), (ii), (A), (B), File lacked statement for statewide or alternative assessment.

Ed #1133.04: (d) Student files not kept in fireproof file cabinet.

Ed # 1109.04: (a) No current 10 day notice of IEP meeting.

Ed # 1119.03: Curriculum does not meet New Hampshire state standards/framework.

Ed # 1119.07: (a) No currently certified providers of art, music, and library media services.

Suggestions: Document requests for complete records from school district.
Create an inventory of educational materials and equipment.
Become more aware/trained in NHEIAP alternative assessment process.
Continue pursuing development of program for young adults as requested by parents.

FACILITY-WIDE FINDINGS OF COMPLIANCE
NH Special Education Monitoring and Improvement Process
Report of Compliance Monitoring

This form is respectfully submitted to the IDEA Team from the Compliance Subcommittee.

Facility: CDC

Date: March 8, 2000

<u>Team Member(s)</u> <u>Conducting Review</u>	<u>Title</u>	<u>From Outside</u> <u>the SAU</u>	
Hope Baldwin	Program Coordinator	Y	N
Priscilla Abbott	School Psychologist	Y	N

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Summary of Activities

♦ **Strengths/Commendations for Compliance:**

1. The CDC promotes a welcoming, child-centered environment. The staff works well together with student interests at heart.
2. Throughout the year, the center provides training including, but not limited to, therapeutic and educational techniques, communication, safety, and adaptive equipment and stress management. Every new employee participates in orientation that involves agency policies and procedures as well as child specific training.
3. Communication between parents, students, and staff is positive and caring as demonstrated by tracking sheets, open house, quarterly reviews, open door visitation policy, and monthly consult meetings.
4. Therapies are well designed and integrated nicely into classroom programming. The therapeutic team is experienced and well trained.
5. There are a wide variety of services provided to students both at the center and in the community; such as swimming, bowling, vocational sites, library visits, community field trips, eating out at local restaurants, community center activities, visits to local schools for special activities

♦ **Patterns of Non-Compliance:**

1. Copies of state mandated paperwork were not always provided to CDC by sending school district. CDC neglected to document requests for this paperwork.
2. CDC failed to ensure that sending districts completed state mandated forms accurately and completely.
3. School does not provide fireproof cabinet for students' files.

4. CDC does not have contract with certified providers of music, art, and library media services.
5. CDC has not completed a curriculum that meets New Hampshire Frameworks guidelines.

♦ **Relationship of Issues of Non-Compliance to Focus Question(s):**

The issues are not related to our focus question.

♦ **Suggestions from Team:**

- 1) Document CDC's request for copies of state mandated paperwork from sending districts. Create a file check list to ensure that all paperwork is complete and accurate.
- 2) Become trained and consider becoming a pilot site for the NHEIAP alternative assessment.
- 3) Inventory and organize educational material and equipment for ready access. Purchase updated educational (academic) and testing materials.
- 4) Continue pursuing development of a program for young adults aged 21 and older.
- 5) Continue to develop volunteer programs.
- 6) Increase current facilities to include gym, cafeteria, swimming pool, and other specialty areas.
- 7) Develop a technology plan to:
 - a. Provide more computers for student/staff use.
 - b. Explore and obtain adaptive devices for student use.
 - c. By increasing internet access, develop communication system between sites using e-mail.

Private Facility NH Special Education Monitoring and Improvement Process

Compliance Corrective Action Plan

Private Facility: Child Development Center

Executive Director:

Alan Reed-Erickson

Program Coordinator:

Hope Baldwin

Date of Compliance Review:

March 8, 2000

Report Completed By:

Name/Title

Date

Hope Baldwin, Program Coordinator

May 2000

Priscilla Abbott, School Psychologist

May 2000

NH Special Education Monitoring and Improvement Process

Corrective Action Plan

Facility: Child Development Center

A - Attained
PA - Partially Attained
NA - Not Attained

Findings of Non-Compliance	Corrective Action and Expected Completion Date	D.O.E. Verification of Attainment (A, PA, NA)
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Ed #1109.01 (f, g, j): There is no statement of child's participation in general curriculum, no location of services listed in IEP, and no list of providers' responsible for services.	Create a file checklist to ensure that all paperwork is complete and accurate by September 1, 2000. Document CDC request for copies of state mandated paperwork from sending districts.
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Ed #1109.03: IEP does not record proper placement procedure (missing page).	Same as Ed #1109.01
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Ed #1109.04: No current 10 notice of IEP meeting.	Same as Ed #1109.01
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Ed. #1109.06: Representative From private school (signature page missing).	Same as Ed. #1109.01
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Ed. #1119.03: Curriculum does not meet New Hampshire state standards/frameworks.	A curriculum will be completed meeting New Hampshire State Standards by June 20, 2001
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Ed. #1119.07 (a): No currently certified provider of art, music, and library media services.	CDC will advertise for and hire certified specialists as consultants beginning June of 2000.
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Ed. #1133.04 (d): Student files not kept in fire proof cabinet.	Ask board to approve purchase of fire proof cabinet or provide a fire proof room to store records to be included in budget of 2001-2002.
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Findings of Non-Compliance	Corrective Action and Expected Completion Date	D.O.E. Verification of Attainment (A, PA, NA)
CFR #300.347 (a), (5), (ii), (A), (B): File lacked statement for statewide or alternative assessment	Same as action taken on Ed. #1109.01	
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CFR #300.504 (2): District annual rights/procedural safeguards were missing from file.	Same as action taken on Ed. #11091.01	
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